



# MISSOURI DEPARTMENT OF MENTAL HEALTH

KEITH SCHAFER, DEPARTMENT DIRECTOR



DEPARTMENT  
OPERATING  
REGULATION  
NUMBER

DOR  
4.145

CHAPTER Program Implementation and Records	SUBCHAPTER Standards and Procedures	EFFECTIVE DATE 6/23/15	NUMBER OF PAGES 10	PAGE NUMBER 1 of 10
SUBJECT Use of Restraints and Time Out		AUTHORITY Section 630.050. RSMo	HISTORY See Below	
PERSON RESPONSIBLE Director, DD			SUNSET DATE 7/1/18	

**PURPOSE:** Prescribes policy on the use of physical and chemical restraints, time out and prohibited procedures.

**APPLICATION:** Applies to the Division of Developmental Disabilities

- (1) As used in this DOR, unless the context clearly requires otherwise, the following terms shall mean:
  - A. Behavior Support Plan – A part of the Person Centered Plan that is comprised of behavior analytic procedures developed to systematically address behaviors to be reduced or eliminated and behaviors and skills to be learned. These plans are developed by a licensed behavioral service provider in collaboration with the individual's support system. The techniques included in the plan should be based on a functional assessment of the target behaviors. Must conform to the requirements Outlined in the Behavior Support Plan Guidelines developed by the Division of Developmental Disabilities and meet the requirements for the practice of applied behavior analysis under section 337.300. to 337.345 RSMo.
  - B. Blocking – A staff person using a part of their body to avoid harm when an individual is attempting to hit or kick or otherwise harm the staff or another person. For example the staff might place a stationary, open hand and extended arm, a side of their body or extended leg in the path of an individual's arm or leg. This involves no grabbing or holding and is not considered a physical restraint procedure.
  - C. Chemical restraint - as defined in section 630.005, RSMO, are medication administered with the primary intent of restraining a patient who presents a likelihood of serious physical injury to himself or others, not prescribed to treat a person's medical condition. For purposes of this Department Operating Regulation, and to maintain consistency with other division policies, the following will be considered chemical restraints: a medication used to control behavior or to restrict the individual's freedom of movement and is not a standard treatment for the individual's medical or psychiatric condition. A chemical restraint, for example, would put an individual to sleep or render them unable to function as a result of the medication.
  - D. Developmental Disability Professional – as defined in DD 2.040, is a professional identified in this DOR as a person who can authorize use of reactive strategies; Licensed Behavior Support professionals are also able to authorize the use of reactive strategies.



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E. Least restrictive procedure- a procedure that *least* diminishes an individual's freedom of movement, access to personal property, or least requires an individual to do something which he/she does not want to do, or least involves removal of something the individual owns or has earned and maintains continues to most safety. Based on a comparison of the various possible procedures that would maintain safety and be most effective for the individuals in the situations the individuals find themselves.

F. Licensed behavioral service provider-individual licensed in the state of Missouri under **sections 6 and 7 in 337.315 and staff of state operated facilities who have been in psychologist positions since 1996 and are exempted from licensure requirements under section 337.045 RSMo.**

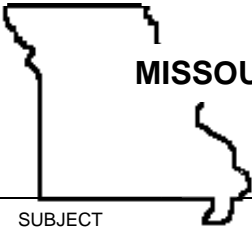
G. Mechanical Restraints- any device, instrument or physical object used to confine or otherwise limit an individual's freedom of movement that he/she cannot easily remove. The definition does not include the following:

1. Medical protective equipment;
2. Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests;
3. Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or
4. Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs.
5. Mechanical supports, supportive devices used in normative situations to achieve proper body position and balance; these are not restraints

H. Individual Support Plan- individualized plan for the individual's life that include necessary information about the person to assist the individual and others to develop and live the life the individual desires. The plan should include support strategies developed as part of the planning process.

I. Manual (Physical) restraint- manual hold involving a restriction of an individual's voluntary movement. It does not include physically guiding a person during transport or skill training, or blocking an attempted action such as hitting or throwing an object if the individual's body or parts of body are blocked without grasping or holding the body part.

J. PRN Medication for Behavior Intervention- any administration of a medication (pharmacologic agent) that modifies an individual's behavior or emotional status that is prescribed by a physician and given according to circumstances and not a scheduled time.



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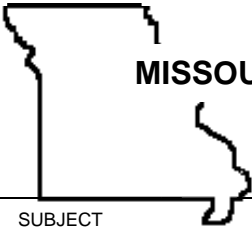
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K. Prohibited procedures: The interventions prohibited by the Division of Developmental Disabilities, restraint procedures considered at high risk for harm including:

1. Physical restraint techniques that interfere with breathing; or any strategy in which a pillow, blanket, or other item is used to cover the individual's face as part of the reactive strategy;
2. Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object;
3. Restraints which involve staff lying/sitting on top of a person;
4. Restraints that use the hyperextension of joints;
5. Any technique which has not been approved by the Division, and/or for which the person implementing has not received Division-approved training;
6. Any reactive strategy that may exacerbate a known medical or physical condition, or endanger the individual's life or is otherwise contraindicated for the individual by medical or professional evaluation;
7. Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria; and
8. Use of any reactive strategy on a "PRN" or "as required" basis. Identification of safe procedures for use during a crisis in an individual's safety crisis plan is not considered approval for a restraint procedure on an as needed basis.
9. Seclusion - Placement of a person alone in a locked room or area which he or she cannot leave at will; this does not include seclusion time out as described in this DOR.
10. Standing orders for use of restraint procedures – unless part of a comprehensive safety crisis plan that delineates prevention, de-escalation and least restrictive procedures to attempt prior to use of restraint.
11. Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
12. Inclusion of a restrictive support, manual restraint procedures or chemical, mechanical restraints calling police or hospitalization as part of a behavior support plan as a contingency designed to produce a reduction or elimination of a behavior;
13. Reactive strategy techniques administered by other individual's who are being supported by the agency;
14. Corporal punishment or use of aversive conditioning– Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique;
15. Overcorrection – Requiring the performance of repetitive behavior as a consequence of undesirable behavior designed to produce a reduction of the frequency of the behavior. – Examples: Contingent exercise, writing sentences, over cleaning an area, repeatedly walking down a hallway after running.
16. Placing persons in totally enclosed cribs or barred enclosures other than cribs;
17. Any treatment, procedure, technique or process prohibited elsewhere by federal or state statute.



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L. Qualified Personnel\_- Staff persons who have received competency based training in the Division approved physical crisis management system utilized at the facility or agency in which they are employed and who have current certification of this crisis management training and are also current in the implementation of the individual's safety crisis plan, behavior support plan and Person Centered Plan, as well as meeting all requirements as a service provider outlined in the most current service definitions for providers.

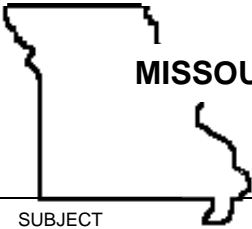
M. Reactive strategies- (also known as emergency intervention procedures) the use of immediate and short term procedures that are necessary to address dangerous situations related to behaviors and/or events that place the person or others at risk. Such procedures should be outlined in the Safety Crisis Plan. Procedures include physical crisis management techniques of manual, mechanical, or chemical restraint. These are procedures used in direct reaction to the undesirable behavior as opposed to proactive and preventative strategies designed to address the undesirable behaviors in a positive fashion.

N. Safety Assessment –assessment by treatment team and physician of an individual's physical, emotional status including history and current conditions that might affect safe usage delineating any reactive strategies which should not be used with the individual due to medical or psychological issues of safety completed annually or with any significant change.

O. Safety Crisis Plan –an individualized plan outlining the emergency intervention procedures (reactive strategies) that might most safely address dangerous behaviors at the time of their occurrence or to prevent their imminent occurrence. Procedures identified must be those identified as least restrictive and within safety parameters of the safety assessment. These will be used as a last resort after implementation of proactive, positive approaches. A crisis plan should be developed prior to the need for use or at least after the first episode of behavior necessitating a reaction to dangerous behaviors that place the person or others at risk of eminent harm; must include the informed consent of the person, their parent or guardian. The Safety Crisis Plan will be considered part of the individual's support plan.

P. Seclusion- (this is not seclusion time out) the placement of an individual alone in a room or other area from which egress is prevented, and not as part of a systematic time-out program that meets all applicable standards and has been approved by the Regional Office Human Rights Committee and Behavior Supports Review Committee. Department developmental disabilities facilities and regional centers shall not use seclusion.

Q. Time out- (exclusion and seclusion types are defined here). **Exclusion time out** is the temporary exclusion of an individual from access to reinforcement as part of a formal behavior support procedure in which, contingent upon the individual's undesirable



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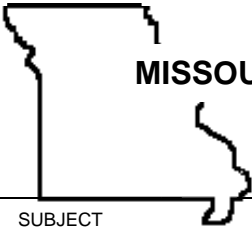
behavior(s). The individual is excluded from the situation that affords reinforcement; and temporary exclusion or removal of the person from access to reinforcement contingent upon undesirable behavior(s). **Seclusion time out** is the temporary and time limited removal of an individual to an area or room in which there is limited access to reinforcement and the individual is not allowed to leave the area or room until exit criterion or criteria is met. Use of seclusion time out must be approved by the Chief Behavior Analyst in Central Office. Both Time out procedures may only be used as part of a behavior support plan approved by the regional behavior support review committee and the human rights committee; not as an emergency procedure.

R. Threshold criterion of reactive strategy use- the use of 3 or more reactive strategies within a 6 month period, or two or more reactive strategies in a two month period. Reaching this threshold triggers an extensive causal review of the situation. In addition, a review of the individual's behaviors, the need for functional behavior assessment, and development of a formal behavior support plan or revision of an existing behavior support plan should be completed. The focus of the extensive causal review should be towards development or revision of proactive strategies, and prevention of situations that are likely to result in use of reactive strategies.

(2) Each Division of Developmental Disabilities Regional Office and State Operated Program shall follow the same policy for restraint, seclusion and time out, and the policy shall correspond to the policy outlined in this DOR.

(2) In an emergency where there is imminent danger or potential harm to any persons, qualified personnel, or a developmental disabilities professional, may authorize the use of reactive strategies to prevent harm to the individual or others. Prior to using any reactive strategy staff must be trained in a physical crisis management system approved by the Division and certified by the crisis management training system.

- A. Techniques used to physically restrain individuals are limited to those that have been approved by the Division and determined unlikely to cause undue physical discomfort, pain or injury to an individual and included in the individual's safety crisis plan.
- B. Requests for use of crisis management systems other than Mandt or NCI/CPI must be made to the Chief Behavior Analyst of the division in writing, and quarterly analyses of use of the procedures and strategies to eliminate the need must be completed, documentation and submitted to the Chief Behavior Analyst.
- C. The physical restraint technique shall be used only in a manner which minimizes the possibility of physical injury to the individual and causes the least possible discomfort.



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D. Instances in which reactive strategies are used to restrain an individual shall be documented on the most current event management form.

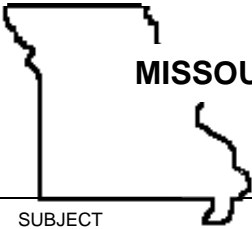
E. Any improper use of a physical restraint technique or any excessive application of force may be considered abuse or cause for disciplinary action against the employee.

(4) Mechanical restraints and chemical restraints may only be used in situations of imminent harm to prevent an individual from injuring self or others and only as part of an approved safety crisis plan.

- A. Use of mechanical or chemical restraints may only occur when specified in a safety crisis plan.
- B. Safety crisis plans which identify mechanical or chemical restraints require the approval of the Director of the Division or his/her designee prior to implementation of these restraints.
- C. Less restrictive crisis management procedures such as de-escalation and environmental adjustments (e.g. remove others from area) to maintain safety and resolve the situation should be attempted prior to physical or chemical intervention.
- D. Mechanical restraints may not be utilized in DD Division state operated programs.

(5) Individuals may be mechanically restrained only after a written order has been made by a qualified professional (developmental disabilities professional or licensed behavior analysis services professional) and only in situations that present imminent harm.

- A. Written orders for any restraints shall be time limited and for no longer than three (3) hours.
- B. Written orders shall be placed in the individual's record and shall contain at least the following information:
  - 1. brief description of the imminent harm situation including ongoing activities, staff actions and the individual's actions that related to the imminent harm;
  - 2. type of restraint used;
  - 3. the time when the order was written;
  - 4. the time when the restraint was first used;
  - 5. criteria for the discontinuation of the restraint;
  - 6. discontinuation time for the use of restraints, which shall be within three (3) hours of the time of initial use of the restraint.



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C. An individual may be restrained for longer than three (3) consecutive hours only after a developmental disabilities professional or licensed behavior analysis services professional has again observed the client, assessed the necessity for continued restraint and written a new order. All of the conditions set out in this section also apply to new restraint orders documented as set out in section.

D. Standing, or PRN orders for restraints shall not be used. Specification in a Safety Crisis Plan of reactive strategies deemed safe for an individual and/or recommended as the most likely to be effective will not be considered as PRN orders.

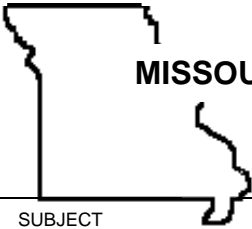
(6) In an emergency, as defined in section (3), qualified personnel may initiate mechanical restraint procedures provided a developmental disabilities professional, or licensed behavior analysis services professional is immediately notified. The notified professional shall observe the individual and evaluate the situation within thirty (30) minutes from the time restraints were initiated.

(7) While an individual is in mechanical restraints, the following procedures shall be used:

- A. The individual restrained shall be continuously within line of sight of qualified personnel
- B. Qualified personnel shall document the condition of the individual restrained at least every fifteen (15) minutes, chart the individual's physical and behavioral condition at each observation, and take necessary action to ensure that appropriate care and treatment of the individual is maintained and documented in the individual's file including bathing, regular meals, use of the toilet, exercise and fluid intake.
- C. An opportunity for motion and exercise shall be provided for a period of not less than ten (10) minutes during each two (2) hours in which the restraint is employed.
- D. Qualified personnel shall post the names of individuals in mechanical restraints in a central area so it is visible and accessible to all personnel to alert any and all staff that an individual is restrained and therefore dependent on staff to maintain and ensure their safety.

(8) In an emergency in which an on-site physician is not available, only a registered nurse or a qualified licensed practical nurse may administer chemical restraints to an individual and only after receiving an oral order from an authorized physician.

- A. The documentation of such orders shall include the following:



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1. name of physician who gave the order;
2. name of nurse who received the order;
3. name of nurse who actually administered the chemical restraint.
4. anticipated effects of the medication and time frame related to the effects

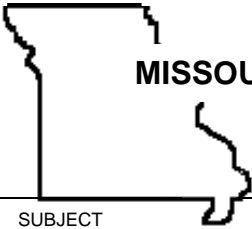
- B. The person administering the chemical restraints shall document the information required in (A) and the physician's oral order in the individual's record or equivalent record.
- C. The oral order shall be signed by a physician as soon as possible after the initial administration of the restraints.

(9) A safety crisis plan must be developed in situations where reactive strategies have been used (anytime in the past year) or are likely to be used in the future, or where the individual's support team plans to use reactive strategies. If reactive strategies are considered likely and necessary, the team shall also consider the need for more specialized support strategies in the ISP and services such as Person Centered Strategies, Consultant or Behavior Analysis Services to assist in developing more proactive, positive, and teaching focused strategies to address the problem situation and work towards eliminating the need for reactive strategies.

- A. The Behavior Support Plan shall meet the requirements as outlined in the Division Behavior Support guidelines and best practices for the practice of applied behavior analysis. The plan must be reviewed and approved by the parent or guardian, include consent of the individual and approval of the designated behavior support review committee and human rights committees
- B. Strategies developed in the ISP must be proactive, positive and preventative with a teaching focus to develop, encourage and promote skills of the individual and the support system that will better address situations that have resulted in dangerous behaviors and the need for reactive strategies.
- C. If restrictive support strategies are included in the ISP, strategies that are proactive, positive and preventative with a teaching focus that will develop, encourage and promote skills of the individual and the support system that will better address situations that have resulted in dangerous behaviors and the need for the restrictive supports.

(10) Utilization of a seclusion time out procedure requires that there be a functional assessment of the target behavior, a behavior support plan, request to the Chief Behavior Analyst in writing specifying the rationale for the use of the procedure, and an approval of the designated time out area or room. In addition, the written policies of the facility or regional center governing the use of Seclusion Time Out procedures shall provide for at least all of the following:





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- A. Qualified personnel may use seclusion time out for an individual only under conditions set out in an approved behavior support plan. The program shall be reviewed and approved by the following committees and persons:
1. facility or regional office's behavioral support review committee;
  2. facility or regional office's client rights review committee;
  3. the individual or the family, or legal guardian as appropriate.
  4. the Chief Behavior Analyst or designee completing the review as specified in the Time out room (Safe room) review process.
- B. The release criteria is limited to no more than five minutes of calm behavior and the total duration for the seclusion time out period shall be no more than 1 hour. An individual shall not be kept in Seclusion Time out for more than one (1) hour waiting for the individual to meet the criteria for release, except in extraordinary instances (during initial stage of program) that are personally approved at the time of occurrence by a member of the individual's support team, and reviewed within one business day by the facility or regional office administrator. There will be continuous observation of the person in time out. Seclusion Time Out will be discontinued if there are any signs of injury or medical emergency and the person will be assessed by appropriate medical personnel.
- C. The date, time and duration of each time-out period shall be documented in the individual's file.
- D. Time out areas or rooms shall meet the safety and comfort requirements below:
1. Areas and rooms to be utilized for seclusion time out and the procedures for the use of time out shall be reviewed and approved by the Regional Office Director or designee.
  2. Continuous observation of the individual in the area will be possible and maintained at all times.
  3. Adequate lighting and ventilation will be available at all times.
  4. The area or room will be void of objects and fixtures such as light switches, electrical outlets, door handles, wire, glass and any other objects that could pose a potential threat to the individual in time out.
  5. If there is a door to the room or area it will open such that the individual in the room is not able to bar the door to prevent entry.



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6. The door will be void of any locks or latches that could allow the door to be locked without continuous engagement by a staff person. The door to the room must be shut and held continuously by a staff member to keep the door closed. Once the staff member removes the pressure on the mechanism it releases and opens automatically.

7. The room or area will be **at least** six feet by six feet in size or large enough for any individual who will utilize the room to lie on the floor without head or feet hitting walls or door.

E. Time out shall only be included as a part of the behavior support plan after a functional behavioral assessment provides indication that the behaviors targeted for intervention with the time out procedure will not be reinforced by the procedure, that there are high rates of positive reinforcement and engaging activities available for the individual making "time in" an enriched situation. These criteria are specified in the time out room/safe room review process.

(11) Each facility and regional office shall have a behavioral support committee which is chaired by a qualified behavior analysis service professional and meets the requirements of the division directive for Behavior Support Review Committees. Part of the function of this committee shall be the review of the restraints used for individuals in the facility or region.

(12) The facility or regional office shall provide, or assist in finding resources for in-service training on the proper use of the approved crisis management procedures.

(13) Staff who will implement or are likely to utilize restraints and seclusion time out must receive competency based training for all procedures to be used.

A. These procedures may only be implemented by qualified staff. Competency based training must be provided annually to certify continued competency.

A. Documentation of this training must be maintained in the personnel records of the agency employing the individuals trained.

B. Staff will be provided with scheduled periodic and as necessary training to maintain a high level of competency with respect to the use of these procedures.

*History: Original Rule effective December 1, 1982. rescinding OR133. Amendment effective July 1, 1998. Amendment effective July 1, 2002. On July 1, 2003 the sunset date was extended to July 1, 2004. On July 1, 2004 the sunset date was extended to July 1, 2005. On July 1, 2005 the sunset date was extended to July 1 2006. On July 1, 2006 the sunset date was extended to July 1, 2009. Amendment effective July 1, 2009. Amendment effective June 27, 2012. On June 23, 2015 the sunset date was extended to July 1, 2018.*